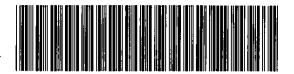
L15000172277

(Requestor's Name)					
(A	Address)	<u>-</u>			
(<i>P</i>	Address)				
(0	City/State/Zip/Pho	ne #)			
PICK-UP	☐ WAIT	MAIL			
(E	Business Entity Na	ame)			
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



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Y SULFER

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divis	sion of Corporations		
SUBJECT:	Palm Coast Transport, LLC	;	
SOBJECT.	Nan	ne of Limited Li	ability Company
Dear Sir or N	Aadam:		
The enclosed	l Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning th	is matter to the	following:
Abel Gonz	alez		
	Name of Person		_
Palm Coas	st Transport, LLC		
	Firm/Company		
778 NW 9	1st Terrace		
	Address		
Plantation	FL 33324		•
Added	City/State and Zip Code		_
. •	alez305@gmail.com		<u> </u>
E-mail	address: (to be used for future ann	iual report notif	ication)
For further in	nformation concerning this matter,	, please call:	
Abel Gonz	alez	786 at (514-5564
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Re Di [,] P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
Encl	losed is a check for the following	g amount:	
□ \$2	25 Filing Fee	☑ \$5	55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Nam	ne of the limited liability company: Palm Coast Tr	ansp	ort, LLC	
2. (a	a) 7	78 NW 91st Ter	ı	_{b)} 778 NW	91st Ter
	, _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	. ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	-	Plantation FL 33324	_	Plantatio	on FL 33324
	1	0/09/2015	_	L1500017	72272
3.	_	Date of filing/registration in Florida	4.	-	Document number
5. ((a) _	Abel Gonzalez			
. (R	egistered Agent and Registered Office shown on the records of the B168 Pine Cir	ne Florid	la Dept. of State	- x
	H	Registered Office Address (MUST BE FLORIDA STREET A)	DDRES	<u>'S)</u>	
	-	Tamarac, FL_	3332	1	
(l	E	inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	ddress:	
	<u>N</u>	NEW Registered Office Address:			TO SEP 2
	F	Plantation, FL_	3332	4	Physical Physics (1997)
the cagen was/	hang t wil were	nited liability company is not organized under the law- ge or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of es of organization or the operating agreement of the liable and the liable are set of the liable and the liable are set of organization or the operating agreement of the liable are set of the liable are set of the liable and the liable are set of the liable	the reg bility of the lit imited	istered office company, it is nited liability	orida, it is hereby confirmed that after e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in opany.
_ <u></u>	<u>(</u>	e of a member or authorized representative of a member			Printed or typed name of signee
I he province to me notif	reby ision blig erely ied i	accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided wreflect a change in the registered office address, I have a change in the registered office address, I have a change of this change.	ee to ac perform for in ereby	ct in this cape nance of my i Chapter 605 confirm that	gaity I further garge to comply with the

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. (a)	778 NW 91st Ter		(b) 778 NV	V 91st Ter			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· / — —	Mailing address of (Note: MAY B			
	Plantation FL 33324		Plantation	on FL 33324		·—	
	10/09/2015		L1500017	72272		-	
•	Date of filing/registration in Florida	– 4.	<u></u>	Document nu	mber		·
. (a)	Abel Gonzalez			•			
,	Registered Agent and Registered Office shown on the records of 8168 Pine Cir	the Flor	ida Dept, of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRE</u>	<u>SS)</u>	-			
	Tamarac , FL	3332	!1	<u>-</u>		- 	•
						. e3S	
(b) .	Enter name of NEW Registered Agent and/or NEW Registered		ddress:	-	00 c	. P	, ,
	778 NW 91st Ter				E FLORIDA	Š E	4
	NEW Registered Office Address:	i		•	16) A	50	
	Plantation, FL	3332	4				
e char gent w as/wer	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	the reg ability of f the li limited	sistered office company, it is mited liability	and the busing thereby confir to company or a pany.	ess office med that	of the	e registered ange(s)
Signati	are of a member or authorized representative of a member			Printed or typed	name of sig	gnee	
ovisio e obli mere vified	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have been address.	ee to a perfori d for in dereby	ct in this capa nance of my a Chapter 605, confirm that t	acity. I further luties, and I an , F.S. Or, if thi he limited liab	agree to 1 familia 1s docum 1lity com	compl r with i ent is l pany h	ly with the and accep being filed as been